

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service, 11/28/01.
 - b. The request was received on 02/13/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial TWCC 60
 1. EOBs
 2. HCFAs-1500
 - b. There is no response to the request for additional documentation found in the file.
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFAs-1500
 - c. EOBs

Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 04/25/02. There is a timely carrier initial response in the case file dated 02/14/02. No carrier 14 day response is found in the case file.

III. PARTIES' POSITIONS

1. Requestor: Undated letter:

"We take pride in the thoroughness of our documentation process....This facility believes that the above dates of service are not duplicated charges....**The two interviews and two reports should be reimbursed separately as they were billed separately. Charges are not duplicate.** ...Patient had a Psychophysiological Profile Assessment (PPA). This evaluation was performed to see if patient qualified to be in the Pain Management Program....**The second evaluation was a Pain Behavior & Mental Health Assessment. ...this assessment/evaluation was performed to determine mental health factors suspected of negatively impacting progress**The fact is that pre-authorization was requested and approved for the performed study.
2. Respondent: No position statement.

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only (DOS) eligible for review is 11/28/01.
2. The amount billed per the TWCC-60 is \$465.00.
3. The amount paid by the Respondent per the TWCC-60 is \$0.00.
4. The amount in dispute per the TWCC-60 is \$465.00.
6. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.

V. RATIONALE

Medical Review Division's rationale:

The Requestor submitted HCFAs-1500 reflecting charges for CPT Codes 90801, Psychiatric Interview, and 90889, Preparation of Report.

The carrier has denied the charges in dispute as “DUPQ – A PREVIOUS SUBMISSION FOR THE SAME SERVICE/PROCEDURE IS BEING PROCESSED.” The Medical Review Division’s decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.

When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. After review of the dispute file, no documentation was noted to support the services billed. Therefore, **no** additional reimbursement is recommended.

The above Findings and Decision are hereby issued this 26th day of August 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers’ Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.